9/866180

| PATENT | APP | LICATION | FEE | DETERMINATION | RECORD |
|--------|-----|----------|-----|---------------|--------|
|        |     |          |     |               |        |

Effective October 1, 2000

**Application or Docket Number** 

13041.144501

|                                       |  | CLAII                | us as                     | FILED -                             | PART                  | l                                     |                                       | S          | MALL EN   | ITITY                  |              | OTHER               | THAN                   |     |
|---------------------------------------|--|----------------------|---------------------------|-------------------------------------|-----------------------|---------------------------------------|---------------------------------------|------------|---|------------------------|--------------|---------------------|------------------------|-----|
|                                       |  |                      |                           | (Column                             | 1)                    | (Colu                                 | mn 2)                                 | T          | YPE   |                        | OR           | SMALL               | ENTITY                 |     |
| TOTAL CLAIMS                          |  |                      |                           |                                     |                       |                                       |                                       | RATE       | FEE   |                        | RATE         | FEE                 | i                      |     |
| FOR NUMBER FILED                      |  |                      |                           | ILED                                | NUMB                  | ER EXTRA                              | Ŀ                                     | BASIC FEE  | 355.00  | OR                     | BASIC FEE    | ·710.00             |                        |     |
| TOTAL CHARGEABLE CLAIMS \ minus 20= * |  |                      |                           |                                     |                       |                                       | X\$ 9=                                |            | OR  | X\$18=                 |              |                     |                        |     |
| INDEPENDENT CLAIMS 3 minus 3 = 1      |  |                      |                           |                                     |                       | İ                                     | X40=                                  |            | OR  | X80=                   | `            |                     |                        |     |
| MU                                    | LTIPLE DEPEN                               | DENT C               | LAIM P                    | RESENT                              |                       |                                       |                                       | t          | +135=   |                        | OR           | +270=               |                        |     |
| • If                                  | the diff@rence                             | in colur             | nn 1 is                   | less than ze                        | ro, ente              | r "0" in c                            | olumn 2                               | L          | TOTAL   | 200                    | OR           | TOTAL               |                        |     |
| 4                                     | ) al CI                                    |                      |                           | MENDED                              |                       |                                       | (Column 3)                            |            | SMALL   | ENTITY                 | OR           | OTHER               |                        |     |
| _                                     | 05   |                      | mn 1)<br>UMS              | 1                                   |                       | mn 2)<br>REST                         | (Column 3)                            | ı          |   | ADDI-                  | )<br>        |                     | ADDI-                  | ĺ   |
| AMENDMENT A                           |  | REM/<br>AF           | UNING<br>TER<br>DMENT     |                                     | PREV                  | ABER<br>OUSLY<br>FOR                  | PRESENT<br>EXTRA                      |            | RATE  | TIONAL<br>FEE          |              | RATE                | TIONAL<br>FEE          |     |
| MQ                                    | Total                                      | • /                  | D :                       | Minus .                             | **                    | 71                                    | æ ·                                   |            | X\$ 9=  | ٠                      | OR           | X\$18≔              |                        |     |
| Z                                     | Independent                                | •                    | 6                         | Minus                               | ***                   | . <u>3</u>                            | 15                                    |            | X40=  | 199.00                 | OR           | X80=                |                        |     |
|                                       | FIRST PRESE                                | NTATIO               | N OF M                    | ULTIPLE DEF                         | PENDEN                | IT CLAIM                              |                                       |            | +135=   |                        | OR           | +270=               |                        |     |
| ,                                     |  |                      |                           |                                     |                       | ing in the sign                       | مرم الرحي الولاقيم ودامرا<br>الماليات |            | TOTAL   |                        |              | TOTAL               |                        | ļ.  |
|                                       |  | انو                  |                           | J. Hickory                          | 1                     |                                       |                                       |            | DOIT. FEE   |                        | IOH          | ADDIT. FEE          | 34.0                   |     |
| _                                     |  |                      | IMN 1)                    |                                     |                       | imn 2)<br>HEST                        | (Column 3)                            | 1 .        |   |                        |              | *                   |                        |     |
| AMENDMENT B                           |  | REM.                 | AINING<br>TER<br>IDMENT   |                                     | NÜ<br>BREV            | MBER<br>NOUSLY<br>D FOR               | PŘESENT<br>EXTRA                      |            | RATE.   | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |     |
| 2                                     | Total .                                    | •                    |                           | Minus                               | ••                    | e e e e e e e e e e e e e e e e e e e |                                       |            | X\$ 9=  |                        | OR           | X\$18=              |                        |     |
|                                       | Independent                                | •                    | • •                       | Minus                               | ***                   |                                       |                                       |            | X40=  |                        | OR           | X80=                |                        |     |
| Ľ                                     | FIRST PRESE                                | NTATIC               | N OF N                    | INTIPLE DE                          | SENDEN                | IT.CLAIM                              |                                       | J          |   |                        |              |                     |                        |     |
|                                       |  |                      | 11                        |                                     | •                     | is !                                  |                                       |            | +135=   |                        | OR           | +270=               | ч                      |     |
|                                       |  | 111                  |                           | 4                                   | *                     |                                       |                                       | : '        | TOTAL<br>IDDIT. FEE                               |                        | OR           | ADDIT. FEE          |                        | Į   |
| :                                     | · · · · · · · · · · · · · · · · · · ·      | (Coh                 | ımn 1)                    | <u> </u>                            | (Coli                 | umn 2)                                | (Column 3)                            | <u>.</u>   |   |                        | ·<br>;       |                     |                        | - 4 |
| ပ                                     |  | a                    | AIMS .                    |                                     |                       | HEST<br>MBER                          | PRESENT                               | 1 1        | <del>, , , , , , , , , , , , , , , , , , , </del> | ADDI-                  |              |                     | ADDI-                  |     |
| Z                                     |  | A                    | AINING<br>TER &<br>IDMENT |                                     | PREV                  | NOUSLYA                               | EXTRA                                 |            | RATE  | TIONAL:<br>FEE         | 15           | RATE                | TIONAL<br>FEE          | 4.场 |
| AMENDMENT                             | Total                                      |                      | DANEIN                    | Minus                               |                       |                                       |                                       | 1          | X\$ 9=  |                        | OR           | X\$18=              | ar i                   |     |
| BEN                                   | Independent                                | •                    | 100                       | Minus.                              | ***                   |                                       | 7                                     | <b>]</b>   | X40=  |                        | •            | X80=                |                        |     |
| 5                                     | FIRST PRESE                                | NTATIC               | N OF I                    | AULTIPLE DE                         | PENDE                 | VIT CLAIN                             |                                       | <b>J</b> } |   |                        | OR           | <u> </u>            |                        | 1   |
|                                       | 18   | 1 11                 |                           | 141                                 | r r                   |                                       |                                       |            | +135=   |                        | OR           | +270=               |                        |     |
|                                       | If the entry in colu<br>If the "Highest Nu | mn 1 ls i<br>mber Pa | ess than                  | th: entry in colu<br>Paid For IN TH | imn 2, wi<br>IS SPACE | ite "0" in o<br>E is less th          | olumn 3.<br>an 20, enter "20          | )."        | TOTAL<br>IDDIT. FEE                               |                        | OR           | TOTAL<br>ADDIT. FEE |                        | ]   |
| ١.                                    | "If the "Highest No<br>The "Highest Nu     | imhar Dr             | who salv                  | Paid For" IN TH                     | IS SPACE              | E is less th                          | an 3. enter "3."                      | -          | * -   | propriate bo           | =<br>ix in c |                     |                        |     |

FORM PTO-876 (Rev. 8700) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO. 2000-460-706(30103)